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REMARKS ON THE INFLUENCE OF FEAR IN PRODUCING FUNCTIONAL DERANGEMENTS.

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THE powerful influence exercised by mental emotions on the condition of the human frame has long been recognized. Under their influence the flow of saliva may be checked—that of urine may be increased—tears may be produced in inordinate quantities—diarrhœa, or copious perspiration, may be brought on. But although these facts have been clearly ascertained, it is difficult, if not impossible, to trace the definite connection betwixt the physical organization and the mental manifestations, in virtue of which these effects follow.

The prevalence of a fatal and wide-spread epidemic affords, however, an admirable opportunity of observing the influence of one mental emotion—fear—in producing, or assisting to produce, certain morbid states of the system. Many writers, both on metaphysics and on medicine, have alluded to the symptoms of bodily and mental derangements caused by fear.

Burton, in his Anatomy of Melancholy, says, "Many lamentable effects this fear causeth in man, as to be red, pale, tremble, sweat; it makes sudden cold and heat to come over the body, palpitation of the heart, syncope, &c. It causeth oftentimes sudden madness, and almost all manner of diseases." And again, after narrating the effects of terror which followed the massacre at Lyons in 1572, he adduces the instance of "Themison the physician, who fell into an hydrophobia by seeing one sick of that disease." In another part of his work he makes the following very apposite observation: "Men, if they see but another man tremble, giddy, or sick of some fearful disease, their apprehension and fear is so strong in this kind, that they will have the same disease;" and quoting from Dr. Cotta, narrates two stories, "the one of a parson's wife in Northamptonshire, *anno* 1607, that coming to a physician, and told by him that she was troubled with the *sciatica*, as he conjectured (a disease she was free from), the same night after her return, upon his words, fell into a grievous fit of *sciatica:* and such another example he hath of another good wife, that was so troubled with the cramp; after the same manner she came by it, because her physician did but name

it." These, however, are rather instances of the force of imagination acting upon weak minds, than of disease caused by fear.

Dr. Darwin, in his great work on the Laws of Organic Life, treats of the diseases of association, under which he classes those produced by fear. His theories on this, as on other points, deserve attentive consideration, as the results of the studies of an acute observer and original thinker. He accounts for the increased flow of pale urine in hysteric diseases, by supposing that "the motions of the absorbent vessels of the neck of the bladder become inverted by their consent with those of the skin, which are become torpid by their reverse sympathy with the painful ideas of fear." The same effect may follow from anxiety, where there is little fear; as an instance of which, the frequency with which young men about to be examined for a degree pass urine is cited. His theory of *diarrhœa a timore* may be quoted entire:—"The absorbent vessels of the intestines invert their motions by direct consent with the skin; hence many liquid stools, as well as much pale urine, are liable to accompany continued fear, along with coldness of the skin. The immediate cause of this is the decreased sensorial power of association, which intervenes between the actions of the absorbents of the cold skin, and those of the intestinal absorbents; the motions of the latter become on that account weakened, and at length retrograde. The remote cause is the torpor of the vessels of the skin, catenated (in plain English linked) with the pain of fear. The capillaries of the skin consent more generally by direct sympathy with those of the lower intestines and of the bladder; but by reverse sympathy more generally with those of the stomach and upper intestines. As appears in fevers, where the hot skin accompanies indigestion of the stomach; and in diarrhœas attended with cold extremities. The remote cause is the torpor of the skin, owing to its reverse sympathy with the painful sensual motions, or ideas, of fear; which are now actuated with great energy, so as to deprive the second link of associated motions of their due share of sensorial power. It is also probable, that the pain of fear itself may contribute to exhaust the sensorial power, even when it produces no muscular action."

Dr. Holland, in his Medical Notes and Reflections, devotes a chapter to the effects of mental attention on bodily organs. He shows that direct effects follow from consciousness being, by a distinct voluntary effort, directed towards organs or parts of the body. Of the force of this statement every one must be easily convinced. Among other instances, the state and action of the bowels is alluded to as thus influenced. The attention being concentrated on them, sensations previously unnoticed are experienced, and their action excited and quickened. But this, after all, amounts to a species of fear. If not actually commencing, as it is most likely to do, from apprehension or dread, caused perhaps by some reference to that part of the system, the consciousness, unless kept concentrated by fear, is not likely to continue long directed towards it; or the consciousness will degenerate into fear. Feuchtersleben, in his work on Medical Psychology, says, "Fear causes especially enuresis, diarrhœa, seminal discharges, erysipelas, and eruptions about the lips; facilitates the reception of contagion and miasma, disturbs crises, and

aggravates every disorder." After enumerating instances of actual organic lesions produced by the evidence of this emotion, and instancing its well-known effect in causing jaundice, he adds, "Here we ought to go further, and pass on to the psychical causes which act on the nervous principle; but the quality of these by no means explains their mode of action. Fear and horror act, moreover, variously, either exciting or paralysing, according to the greatness of the danger, and according to the individuality of the persons affected by them."

There cannot be the slightest doubt that the presence of Asiatic cholera causes in a community, and in individuals, a dread and a terror which is not exhibited in anything like the same extent during the prevalence of other epidemics scarcely less fatal. The reasons why cholera should excite such powerful emotions are sufficiently obvious. As yet it may be regarded, in this country at least, as a disease of comparatively modern origin. Its exciting causes appear as inscrutable, as its removal seems beyond the reach of sanitary measures, or the best applied efforts of medical art. Its very suddenness is appalling, so that we have all the elements to keep alive and foster fear. Fear seems to produce, during an epidemic of cholera, no well-marked effects upon those who are under its influence. The one of these, as might be anticipated, is a species of hysteria, so characteristic that it might be designated by the terms choleraic hysteria; the other is actual diarrhœa or vomiting.

The hysterical symptoms are most frequently met with in females, but the writer has seen one case in the male which appears to him interesting. On the 26th of December last year, shortly after cholera made its appearance in Glasgow, he was called late at night to see a young man of moderately robust make, and whose employment was that of a groom. His habits were remarkably temperate, and in every respect he was a steady and good servant. He was found walking up and down his room in a very excited state, occasionally applying his hands to the abdomen, and seemingly disposed to vomit. On inquiry, it was ascertained that he had no symptoms of diarrhœa or vomiting, but he declared that he felt, that if he lay down in bed he would immediately purge and be sick. Persuasion was utterly useless, and so was abuse or ridicule. His master lent assistance to strip him by force; he was compelled to lie in bed, and a strong opiate was administered, under the effects of which he was soon in a profound sleep. He awoke quite well on the following morning, but still laboring under mental agitation, and declared that he had felt convinced the previous night he was dying of cholera. This man seems afterwards to have quite overcome his fear as regards cholera, having watched for a considerable time by the death-bed of a fellow-servant who had been attacked by that disease.

The following instance was related to me by a medical friend:—

One evening lately I visited two young ladies, between 20 and 30 years of age, in whose house a relative had died of cholera the previous week. Since then they had been affected with the most overpowering fear of the disease. They would not eat for fear of inducing vomiting, and felt persuaded that they were both about to take cholera. They felt sick, and had an uneasy sensation over the epigastrium; and

though neither of them had previously had any hysterical or nervous affections, they now frequently fainted, felt alternately cold and hot, and had occasional shiverings. They refused to lie down for fear they should become sick, and scarcely slept at all at night. They had taken no nourishment for four days, except little bits of biscuit, and a mouthful of cold water with some aromatic substance in it, and they could hardly be persuaded to swallow a little wine and water. They had not vomited at all, and they had resisted the inclination, and succeeded in preventing any passage from their bowels for six days, under the delusion that it was the safest way to prevent diarrhœa. They were constantly moving about to assure themselves that they were still unattacked, and as night drew on they felt perfectly miserable at the thought of requiring to retire to bed. Altogether, I never witnessed such a lamentable example of the effects of fear. I persuaded them to take some tea and toast, a little negus on going to bed, and ordered a laxative pill to both, assuring them that the nourishment would strengthen them, and that they might expect to be better in the morning. They slept pretty well, and in the morning felt more composed, principally I presume from the assurance I had given them that they would be better. The pills operated mildly, and had the effect of relieving some of the uneasy sensations. They still disliked the idea of taking solid food, but gave in when I insisted on their doing so, as well as taking some wine several times. Having once overcome the fear of taking food, they soon regained their strength.

Dr. Steven has detailed to me a most interesting case—that of a man whose dread of thunder was such, that during a thunder-storm he had invariably an attack of diarrhœa. During the epidemic of cholera in 1849, this person resided in Hamilton, and when the disease appeared in that town he kept himself closely secluded in his house, never venturing out. Towards the close of the epidemic, on a day during which he had heard there had been no fresh case of cholera, he went out, and Dr. S. had some conversation with him. He was attacked by cholera, and died on the following morning; and his was the last fatal case but one which occurred. It seems apparent that this man felt himself secure so long as he lived secluded, and probably it was to that feeling of security being destroyed, and agitation perhaps induced by conversing on what to him was an all-absorbing topic, that the seizure was in some degree to be attributed. Similar examples might be multiplied, but those narrated are sufficient to indicate the character of a class of cases, which all medical men will recognize as having been of frequent occurrence during the last few months.

To such an extent has this fear of cholera existed, that it has led to the commission, or omission, of acts discreditable in the highest degree to those concerned. We learn from the public press, that one unfortunate man was left to die on a public quay; and this is by no means a singular case of desertion of duty. Husbands have been known to desert their wives, parents their children, and children their parents; while the relatives of those who die of the complaint, hasten to bury them within a few hours of their decease. No wonder that the disease should spread in every locality, while such a panic continues to prevail.

A fear of the existence of the disease has often been produced by the too indiscriminate employment of opium and other astringent medicines. A loose evacuation called for brandy and laudanum. These were taken, the stomach became deranged, vomiting perhaps occurred, and even cramps, real or imaginary. The medical practitioner was hurriedly summoned to a case of cholera, and from the excitement and vague statements of the patient and attendants, would find it extremely difficult to discover the real state of matters. Or, again, a person has been constipated for some days, takes before retiring to rest some laxative medicines, which, beginning to operate, causes alarm. Opium is resorted to, and the antagonistic action set up, soon produces general disorder of the system, increased by mental perturbation not easily allayed.

Although, however, fear undoubtedly produces such derangements as those briefly touched upon, as well as others to which no allusion has been made, it is obviously impossible to trace either its direct influence, or to assign to it its due share in causing these effects. But believing, as all practitioners must do, that the violence of this mental emotion predisposes to, if it does not actually directly produce cholera, it is a point, we apprehend, well worthy of consideration, whether no means exist by which it can to some extent be controlled. Every effort should undoubtedly be tried to put an end to cholera being made a constant theme of conversation during its prevalence, and to discourage the practice which has become so common, and is fraught with injury and danger, of making the public press the vehicle for discussing its various phases and modes of treatment. Any one who has glanced at the "Times" newspaper for many months past, must have been struck with the innumerable infallible modes of curing cholera, which have been promulgated through its columns, equally unworthy of regard, whether emanating from "Eastern Travellers" or "Hospital Physicians." The last and most notable instance of this, was the publicity given to a plan of treatment, by no means new, which it was stated had been adopted with success in some dozen cases, and which received the approving fiat of the great organ of public opinion.

But while some slight degree of good may result from attempting to check the tendency of the public mind to dwell upon such an alarming subject, the true source of all this pusillanimous dread lies much deeper, and cannot we fear be reached. It is the result of an educational system conducted upon erroneous principles, and the errors and defects of which, more especially as regards the female sex, have frequently been pointed out, and by none more forcibly than by Barlow, who has in a very striking manner shown the fruits of misdirected early training in producing insanity. To the same identical causes, the want of self-control, of moral courage, and, in the case of females of the higher classes, of interesting occupation and active exercise of the mental powers, may be traced the existence and frequency of a fear during epidemics, which is demoralizing in its effect upon a community, and is actually fraught with danger, not only to those who indulge in or foster it, but to the public at large, by its undoubted tendency to increase the prevalence and fatality of the epidemic. It is earnestly to be hoped that any future out-

break of cholera may be distinguished by the entire absence of such cases as those shortly related, and may not be aggravated by the violence of such a depressing mental emotion as fear.—*Glasgow Medical Journal.*

THE USE AND ABUSE OF CHLOROFORM.

When a man takes away his life, in ninety-nine cases out of a hundred he is incapable of acting otherwise; when a soldier falls in the ranks, fighting against the enemies of his country, he dies in the performance of his duty; when a patient sinks in the hands of the surgeon, his death is the result of an earnest effort to prolong life. Such events are inevitable; there is no individual responsibility, and there is no blame. This cannot be said when life is destroyed by carelessness, or by a want of prudence in appreciating and avoiding danger. Week after week deaths by chloroform are recorded, until at length these events have become so common that they scarcely attract attention. This cannot and must not be. Had a tenth part of the catastrophes thus caused in the surgeon's hands resulted from the use of aconite or opium, these valuable drugs would have been excluded from the pharmacopœia. What, then, is to be done with chloroform? Is its use to be altogether prohibited, or can it be persevered in under the precautions which direct the administration of other powerful agents? We are accustomed to administer in medicinal doses the most deadly poisons, and to see them produce the most beneficial effects. Aconite, arsenic and prussic acid, become, with many other equally destructive agents, most valuable remedies, never, with ordinary precautions, proving dangerous. Is it not possible to use chloroform in the like manner? There seems no reason why it should not be so.

In the first place, the indiscriminate administration of this agent must be given up. There is no doubt that the novelty of the practice, the remarkable effects produced, and the freedom from risk, too unhesitatingly asserted, have led to very grave abuses. Had it been otherwise, had chloroform never been inhaled, save when its use was necessary, lives would not have been sacrificed to the removal of a tooth, a toe-nail, or a little finger, in tapping a hydrocele, or touching a sore with caustic. In the first instance, then, chloroform must not be administered almost *ad libitum*, as has hitherto been done. Its use must be reserved for those cases in which the intensity or duration of the pain in an operation constitute serious complications, or where insensibility is essential for the success of the surgeon's proceedings. To this the practice must come at last. The sooner it does so, the less will be the expenditure of life.

In the second place, due care must be used in the mode of administering the drug. An atmosphere of chloroform will asphyxiate, by excluding respirable air, as effectually as would carbonic acid or a ligature round the throat. No one should attempt to take upon himself the delicate operation of thus manipulating, if we may so speak, the vital air

breathed by a human being, without acquiring, under proper tuition, that skill which would render him fully competent for this duty.

Lastly, there are cases in which chloroform should not be given, even under pressing necessity, or by the most judicious hands. There are cases in which it is impossible to say how small a dose will destroy life. How fearful has been, in several instances, the position of the surgeon, who, using every apparently necessary precaution whilst performing some comparatively safe operation, confident in the hope of witnessing the success of his proceedings, and rejoicing, too, that his good work was being done without pain to his patient, when he suddenly receives the overwhelming announcement that the pulse is quivering, that it has ceased, that life is extinct! We have witnessed such cases—we never wish to see them more. But to return. We have said that a dose of chloroform, fatal in one case, will be borne with impunity in others. What constitutes the difference? It would seem that those diseases of the lungs and heart which interfere with respiration are those which render the subjects of them more particularly prone to the dangers of chloroform. In some of these diseases—for example, emphysema, bronchitis, valvular diseases of the heart seriously interfering with the circulation—no one would for a moment think of incurring the risk of producing insensibility by chloroform. These are palpable conditions not difficult to discover. The danger has been prominent in such cases; hence death has not often followed the use of chloroform in any of these diseases. There is, however, one less manifest disease of the heart, from which death has far more frequently occurred in subjects under the influence of chloroform than from any other. This is fatty degeneration of the muscular walls of the organ. Here death seems to be caused by a directly paralyzing influence of the drug on the already feeble and flagging fibre. In the vast majority of "fatal chloroform cases," this condition, unexpected or unsought for during life, has been, after death, discovered. It has then, too late, solved the mysterious event, and afforded a *quasi* relief to the conscience of the operator. Questions of truly vital importance hence arise. Can we distinguish in the living subject this state of heart? or, failing to do so, are we liable, in administering chloroform when necessary, and under all reasonable precautions, to meet with unexpected and fatal accidents? The whole subject of fatty degeneration is a new one. Our knowledge of its nature dates back not more than four or five years; our acquaintance with its effects, therefore, must be limited; the greater opportunity, however, exists for close and complete investigation. For we cannot, under all circumstances, help believing that if the ruddy, vigorous, muscular walls of that all-important organ, the centre of the circulation, are converted into a pallid, flabby, fatty tissue, its functions will be found seriously interfered with. There cannot but be evidence in such cases of a faltering circulation. The latest and best researches on the subject show that it is so. We cannot here enter fully on these conditions; they may be traced in the flabby composition, and the feeble flagging energies of the individual, in the shortened breathing, and the general want of power in the circulating system. We may expect to find such features in those whose

vigor has yielded beneath the influence of want or chronic disease, in the aged, or the young grown prematurely old by over-application or constitutional decay, and in the dissipated, whose physical constitution is as degraded as their moral attributes. In all such cases, the paralyzing influence of this agent on a fatty, feeble heart may be feared, and its use should be avoided. With the precautions we have insisted on, the administration of chloroform will prove a blessing; without them, its abuse threatens to be a curse.—*London Lancet.*

A CASE OF QUADRUPLE BIRTH.

BY S. KENNERLY, M.D., AUGUSTA COUNTY, VIRGINIA.

On the night of the 5th of August, I was called to see Mrs. W., supposed to be in labor. On my arrival I was informed by my friend, Dr. A. Waddell, who had also been called in, that he had just delivered the head of a child, which had been expelled feet foremost, the head being retained. He was told that it had been in that position for two hours. Upon examination, we found that there was a second child inclosed in its membranes; and as there had been no recurrence of pain since the partial expulsion of the first child, and the mouth of the womb being entirely relaxed, we concluded that the safest plan would be to administer ergot, and complete the delivery. We accordingly gave her ʒj. of liquor ergotina, prepared by Purcell, Ladd & Co., which quickened and increased her pain; and in three quarters of an hour the second child was expelled, followed by a subsidence of pain. On examination, we found a third child presenting, breech foremost, with no membranes around it. After waiting half an hour, and no pain recurring, we brought down the feet, and repeated the liquor ergotina in the dose of ʒss., and in half an hour the third child was expelled. On examination, we found a fourth child presenting, head foremost, which was expelled in about twenty minutes, inclosed in its proper membranes. There were two distinct placentas, and they soon followed the birth of the fourth child. One was very large, and divided into three distinct lobes, each lobe having its respective cord attached to its centre. The smaller placenta was a little larger than either lobe of the larger placenta. The children, three boys and a girl, were all born alive, but neither lived over fifteen minutes. I suppose they were not viable, for they were evidently born too soon, though they were perfect in every respect, so far as I could judge. The finger and toe-nails were perfect. They weighed nearly eight pounds next morning, and measured sixteen inches in length. Mrs. W. did not expect to be confined until the latter part of October next, and thinks she quickened about the middle of June. So the children must have been under seven months. She did not suffer as much as in either of two former labors of single births, and is doing remarkably well. What seems a little singular is, that there should have been a total suspension of uterine contractions for two hours after expulsion of the first child, even while its head remained in the vulva, and the second child protruding from the womb into the vagina.

I think that the second and third children were inclosed in the same membranes, though their cords were each attached to its respective lobe of the larger placenta. There was but little hemorrhage, and the womb contracted well after the expulsion of the placentas.

Since the occurrence of the above case, I have attended three other women in confinement, two of whom had twins; neither of which cases possessed any particular interest.—*The Stethoscope.*

OBSTRUCTION AND PERFORATION OF THE BOWELS.

[Communicated for the Boston Medical and Surgical Journal.]

As "when sorrows come, they come not single spies, but in battalions;" so when the young physician's ill luck comes, it comes not singly, but in groups. Very recently, it was my fortune to report the fatal termination of a case of parturition, complicated with a sanguineous tumor of the labia. I have now to report another fatal case, to me quite as novel and interesting.

Thursday evening, Nov. 9, I was called to see Joseph Legg, æt. 10, of slender constitution. He had been sick three days, but had had no medical treatment. Upon examination, I found a hard tumor, three by four inches in extent, in the right iliac region, near the ileo-cœcal union. This was quite tender to the touch. No tenderness of the bowels except in this region. Bowels regular, tongue slightly coated, pulse 110. On close examination I could detect no difficulty except at the point above referred to. Gave sub. mur. hyd., grs. v.; ol. ric., ʒ ss.

Friday, Nov. 10th, I found the cathartic had acted, producing a copious watery evacuation, with but little fæcal matter. The tumor still existed and was somewhat painful. Ol. ricini was again given, and pulv. Dov. to relieve the pain.

Saturday, 11th.—I found the oil had produced free fæcal evacuations, but no diminution in the size of the tumor. Laxatives and anodynes were ordered.

Sunday my patient was more comfortable. Bowels open, tongue cleaning, pulse less than 100, and the tumor less tender and painful. Laxatives and anodynes were continued in diminished doses.

Sunday evening I was called in haste to see the boy. Found him greatly prostrated; extremities cold; cold perspiration on face; respiration hurried; pulse 120, and almost imperceptible; delirious; constantly spitting up a frothy substance, with clots of blood; deglutition very difficult; abdomen somewhat swollen and tender, especially over the tumor, and everything indicating a speedy dissolution. Was told that he had, an hour previously, vomited a large amount—a pint at least—of black bloody matter, of a fæcal odor and appearance. Perforation was suspected; and as death was hourly looked for, but little save palliatives was given.

To my surprise I found that my patient was living on Monday, and that he had rallied a little from the prostration of the previous evening. Symptoms of general peritoneal inflammation began to appear. Gave

pulv. ip. comp. and sub. mur. hyd. in small doses. Injections occasionally, and oil when it could be retained.

Tuesday, Nov. 14th.—Met Dr. Smith, of Chepachet (at whose suggestion I report the case). Found the patient more comfortable. Had rallied from the prostration of Sunday night. General peritoneal inflammation of a severe type, however, was present. Emp. vesicans was applied over the region of the tumor; the anodyne and alterative continued; enemata frequently used, and castor oil given when it could be retained by the stomach. As these (the enemata and oil) afforded no relief, but rather aggravated the symptoms, they were omitted and the patient confined to opiates, alteratives and counter-irritants.

He remained much the same till Wednesday, Nov. 22d. During these eight days, the bowels were very much swollen, the whole abdomen exceedingly tender, the right lumbar, right iliac, hypogastric and left iliac regions being dull, the left iliac and umbilical resonant. Nausea and retching were constant; blood and stercoraceous matter occasionally vomited. He had no evacuation of the bowels from Sunday, Nov. 12th, till Wednesday, Nov. 22d. On the latter day he had a dejection, and another in the night, which greatly relieved him. Laxatives and anodynes in amount sufficient to keep the bowels open and control the pain, were now given, under the use of which he seemed to improve for five days. Swelling of the bowels mostly passed off, but the tumor in right iliac region remained, and was the seat of the most intense pain just before and during defecation. His stools now became more frequent and dark colored, very fetid, and mixed with blood and pus, always preceded and attended by the most excruciating pain in the right iliac and hypogastric regions. They continued to grow more and more frequent, more purulent and fetid, and his strength gradually to fail, till December 12th, when he died. *The tumor in the right iliac region had entirely disappeared before death.*

I have purposely omitted further particulars in the history of the symptoms and treatment, as they would unduly prolong these notes without adding to the interest of the case, since my chief object is to report the appearances revealed by a post-mortem examination.

Autopsy—eight hours after death. Present, Drs. Smith of Chepachet, and Wever of Pascoag, with several residents of the place. Nothing peculiar in external appearance. Abdomen only examined. On opening the cavity, found evidences of general peritoneal inflammation. Strong adhesions and small purulent deposits throughout the whole cavity. Adhesions of the intestines so firm as to require the scalpel to separate them. Firm adhesions between the bowels and abdominal walls commenced two inches above the crest of the ileum, extending to the median line, down to the brim of the pelvis, across the hypogastric region, and involved a part of the left iliac. On dissecting up the abdominal parietes, six inches of the ileum, the cœcum, lower half of the ascending colon, and sigmoid flexure, seemed to form a single inseparable mass, confined by continuous adventitious bands and membrane. In dissecting near the ileo-cœcal communication, to separate the mass, a cavity was cut into containing a small amount of pus and

fæcal matter. In exploring this, it was found to communicate with other smaller ones, extending over the right iliac and hypogastric regions, *also that it made its way above into the ileum, two inches from the ileo-cæcal valve, and extended down into the cavity of the pelvis, where it perforated the coats of the rectum, through which its contents had been discharged.* Through this cavity a direct communication existed between the ileum and rectum. There was complete occlusion of the ileo-cæcal communication, and the cæcum was so collapsed and contracted that it had no appearance of ever having been a cæcum. Aside from this locality, the abdominal viscera presented no appearances not usually met with in ordinary cases of peritoneal inflammation.

Pascoag, R. I., Dec. 22, 1854. S. O. Griffin, M.D.

AN EXTRACT FROM HEISTER.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—As a relic of the medical literature of a century ago, perhaps the following extract from the Introduction to "Heister's Institutions of Surgery," printed in London in 1753, may not be uninteresting to your readers. Medical students, of the present day, seldom read the older authors. Yet these are not wholly unworthy their attention. For, with much that is useless, they contain a vast deal that is truly valuable. To preserve from threatened oblivion the better portions of the writings of the fathers in medicine, is a worthy deed.

Bristol, Ct., Dec. 15, 1854. A. M. Hooker.

EXTRACT.

Having already described the principal Instruments as well as Medicines, with which a Surgeon must of necessity be provided, it remains to examine into the qualifications that he ought to be master of, to render him useful in his Profession. The Agility of Body, and Resolution of Mind that are necessary to a surgeon, are elegantly described by *Celsus:* "A surgeon [says he] ought to be in his full vigour, to have a strong, steady Hand, never given to tremble, and to be as ready with his Left Hand as his Right, to have a quick, clear Sight, an intrepid Mind, void of all Tenderness, so as not to be at all moved by the Outcries of his Patient; to use no more Haste than the Case requires, nor to cut less than is necessary; but he should act in all respects as if he was entirely unaffected by his Patient's Complaints." But at the same time, I would have him behave with such Caution as to be guilty of no Act of Rashness or Cruelty, and very carefully avoid giving unnecessary Pain.

The two Qualifications that I have just recited, are by no means sufficient of themselves to render the Surgeon perfect; but there are others also which *Celsus* has passed over, which are highly useful and necessary. No one will excel in Surgery unless he is first furnished with a good natural Genius, to which he must join a well-grounded Knowledge in Anatomy and Medicine; if he is furnished with these Gifts,

he will not only with great Sagacity judge of the Causes and Circumstances of the Disorders upon which he is consulted, but will with great readiness make use of the best methods, both with regard to the Administration of Medicines, and Application of proper Instruments for their Relief; whilst, on the contrary, those who are not masters of these Qualifications, will daily be guilty of capital errors.

Being possessed of these Foundations for Surgery, a proper Attendance upon the Lectures of Professors, and a due Diligence in reading Chirurgical Authors, should be added. Therefore persons desirous of a thorough knowledge in Surgery, are not satisfied with visiting Cases that may accidentally occur to them in their private Practice, but diligently frequent all the Hospitals they can get Admittance to; and by this means they see more in one year, than they could otherwise do perhaps in the whole Course of their Lives. But in order to make the greater Proficiency in these Schools of Surgery, it will be worth while to distinguish the different kinds of Disorders that fall under your Inspection, after what method and with what success they are treated by Masters of the greatest experience. Being prepared by repeated observations of this kind, assisted by the Advice of Masters, you may at length try your Hand, at first upon dead Bodies, and afterwards, when you have opportunity, upon diseased Persons; for this trite saying will always have its Force: *The Artist is not made by Reading, Meditating or Disputing, but by Practice.*

Lastly, that the Surgeon may not appear disagreeable or terrible to his Patients, especially if they are Persons of Distinction or Quality, he should diligently avoid the appearance of roughnes in his Behaviour, or nastiness in his Dress; for good-breeding and Cleanliness have their proper Effect in all parts of life; but the Surgeon gains a particular confidence with his Patients by his Address, which has no small share in the Success of his Endeavours.—*Heister's Surgery, 5th Ed., pp.* 12–13.

THE REMEDIAL INFLUENCE OF FAITH.

BY W. A. ALCOTT, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

In a late communication on Epilepsy, I alluded to the remedial "influence of faith." A subject of so much importance demands more than a mere passing allusion, and I propose in the present article to give you a fact which illustrates its force and fully justifies the application which, in my former article, I made of the declaration of eighteen hundred years ago—"According to your faith be it unto you."

Let me premise, however, that while I am willing and hold myself ready to give you names and places, yet for reasons which it is not hard to divine, I prefer to withhold them from the public. I will, however, say that what I relate took place in the Commonwealth of Massachusetts.

Some six or eight years since, I became acquainted with a Methodist

clergyman, whose standing and veracity will not be questioned, who gave me the following anecdote, involving what I have called a fact, and what I believe, most fully, to be so.

A young woman, said he, of feeble health—confined, even, to her bed—came into the belief, somehow, that if I were to pray with her she should recover. It was ascribing an efficacy to prayer, he added, and especially to *my* poor prayers, that I could not think of without misgivings; and yet what could I do? I was hardly willing to throw cold water on a flame which perchance the divine hand had enkindled.

It is sufficient, perhaps, to say that Mr. ——— concluded, at length, to make an *experiment* on the young woman. We may be puzzled to know how he got along—for he was a good man—with his conscience. But he got along with it in some way. He did not, it is true, go at once, and pray with her; but gave her encouragement to believe he *would* do so soon. Meanwhile, he visited her to prepare her mind, as he said, for the exercise. In short, he contrived every possible way to prolong the period of expectation and preparation as much as he could without awaking her impatience.

But the hour at length arrived. There was, even then, a good deal of parade and form; as if to give the mind more time to look at the subject, and the heart more time to fasten its faith on the great Prayer-hearer and Prayer-answerer. When the prayer could be delayed no longer, he knelt solemnly by her bed-side, and prayed most fervently and earnestly for her recovery.

From this hour forth, she began to recover. In as little time as could have been expected had there been a miraculous tendency to convalescence given, she recovered. And both she and her friends to this day—so said Mr. ———, the minister—believed she owed her recovery, under God, to the prayer. Perhaps I should say that she said she was much better as soon as the prayer was over.

Now I suppose, Messrs. Editors—and so will your intelligent readers—that the expectation, or at least the hope, of living, had something to do in this matter. So that when I speak of the efficacy of faith in the case, I wish to be understood in such a sense as not to exclude those other and not less efficient agencies.

I wish to present, now, a question for consideration. Suppose another case of chronic disease like the foregoing had existed in the same neighborhood. Pathologically speaking, I know such a thing would be impossible, since no two cases could be, in every particular, alike. In common parlance, however, the language of the supposition is not improper. Suppose such a case. The friends and patient conclude to call a physician, and follow his prescription. They do so, in full faith and confident expectation. He prescribes according to the usual routine of practice. We are also required to suppose that the treatment, in the two cases, is simultaneous. The patient recovers in just about the same time with the former patient.

The question I wish to put, now, is, whether in the latter case, it is the faith that restores, as in the former case—faith I mean in the physician and his remedies?—or the faith and the other remedies united?

—or the remedial agents alone, despite of the faith?—or, finally, the faith in spite of the remedies?

You have among your readers many observing, discerning men. It may aid the great cause of human good to have some one among the number give us the result of his reflections on this great subject—a subject somewhat more pregnant of human weal or woe than the cure by nutrition or any of the systems of the day which so much occupy and engross the brains of system mongers and their adherents.

CRETINISM AND IDIOTISM.

[Dr. John T. Banks, of Kent, Eng., communicates to the London Lancet the following particulars respecting an institution which has often been alluded to in this Journal, but the continued success of which physicians in all parts of the world will not tire of being informed of.]

On a recent tour through Switzerland I was induced to visit the Hospice of the Abendberg. Many motives prompted me to do so, especially the desire to see a little patient (the child of a lady residing in England) now staying there, and also to judge for myself of the advantages and benefits arising from this institution.

Most of the readers of the Lancet are perhaps aware that the hospital on the Abendberg was opened in 1840 by a benevolent physician, Dr. Guggenbühl, for the reception of patients afflicted with cretinism—a numerous class of human beings hitherto too much neglected, and suffered to live and die like the lower animals. In Switzerland alone there are, I believe, 20,000 persons afflicted, to a greater or less extent, with this fearful malady—a malady presenting the greatest mental imbecility, combined frequently with the greatest bodily degeneracy—a melancholy spectacle, the description of which is painful, the sight dreadful.

The fact that goitre and that cretinism in men and also in animals, occur in the lower confined grounds, and in narrow, damp valleys, where the circulation of air is interrupted, and that at 3000 feet above the sea these diseases in Switzerland are seldom found, led Dr. Guggenbühl to build his hospital on the Abendberg 3500 feet above the sea level. A more favorable and beautiful spot could scarcely be selected amidst the chain of the Bernese Alps. It is well exposed to the sun, on the southern slope of the mountain, and to the dry, pure, bracing air, but sheltered from severe cold winds. The views from it are exceedingly grand.

Dr. Guggenbühl appeared to take great pleasure in showing us over his establishment, and in explaining his system. He presented to our examination many of the pitiable objects whom his unwearied exertions are striving to raise from helpless idiotism to mental intelligence.

As Dr. Guggenbühl considers cretinism as the consequence of an enfeebled physical condition—in other words, the effect of an abnormal or diseased state of the bodily organs—his treatment consists in improving the general strength, thereby developing and strengthening the different organs of the system, and thus bringing all the functions of the body into a healthier state, amongst the rest that of the brain, and so to rouse

the mental faculties into more vigorous action to admit of moral training and judicious instruction.

In addition to the natural advantages of an elevated situation, where the mountain air, peculiarly beneficial from its strong electric properties, can be freely breathed (remote from the noxious influences of the lower grounds and valleys), physical, medical and moral treatment are assiduously observed.

Gymnastic exercises in the open air, the cultivation of little gardens, and the occasional use of baths, electricity and frictions, are carefully attended to.

The medical treatment of course varies according to the indications of the disease. In some the skin is much affected; in others the glandular system; in others the nervous. Many are rickety, aud I saw two or three children with their bones so soft that their limbs could be easily bent. Many are atrophied, and numbers hydrocephalic.

From the conversation I had with Dr. Guggenbühl, I entertain no doubt that the remedies best calculated to correct disordered, and to promote healthy actions of the system are well selected, and judiciously prescribed.

Great attention is paid to regulate the propensities, to improve the manners and habits, and to awaken the affections of these unfortunate beings, and, from the reports, we have reason to believe with much success; and that not only in numerous instances has the infirm and torpid frame been strengthened, but intelligence kindled in the once dormant mind of the degraded cretin. In this generous effort "to restore to its higher condition the ruined tenement of the idiot's frame,"—enabling him to join in the amenities of social life,—the persevering and self-denying founder of the Hospice on the Abendberg devotes his life and property.

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New York Asylum for Idiots.—With all the vast concerns with which the Empire State is conneeted, she invariably keeps in advance of all other states in the confederacy in providing for the unfortunate. The immense lunatic hospital, and other institutions scattered through the inland cities, independent of those most amply endowed and otherwise provided for in the city of New York, are evidences of what the State has done in this respect. In saying, however, that these great doings show an advanced civilization, it is by no means to be understood that neighboring states and communities have been wholly idle. Their fewer benevolent organizations for the poor, the halt and blind, is partly owing to a want of means; and besides, in a smaller population, such are not required. Idiots have been worse treated, by past generations, than almost any other class of unfortunate human beings. It being supposed that their circumstances could not be ameliorated, because they had defective brains, nothing was attempted

for them until within a comparatively recent period. Dr. Guggenbuhl's establishment, at Abendberg, near Interlaken in Switzerland, which is described by a recent visiter, on another page of to-day's Journal, was successful to an extent that quite astonished Europe. We visited that school, which is situated on the top of a mighty mountain, three thousand feet above the sea, and witnessed results that were marvellous. This success in Switzerland opened the eyes of philanthropists. Asylums at once began to multiply both in Europe and the United States. The one lately organized at Syracuse, N. Y., is superior to the original, and in its equipments and accommodations cannot be excelled. An account of the proceedings in laying the corner stone, with a list of officers, &c., together with a fine lithographic plate of the edifice, has just been received, and is well worth preserving. Massachusetts, by legislative action, admits that poor idiots have a direct and undeniable claim on the Commonwealth, and pays over certain monies, accordingly, for their benefit once a year. But a beautiful home must be provided, with fine lawns, cultivated gardens, comfortable apartments, and the best of superintendence. Mention was made in the Journal, not long ago, of the number of physicians elected to the present General Court of Massachusetts. Such men know better than others, how to bring about a thing of this kind. It is quite certain that it would be hardly creditable to pass the matter by again. Dr. Howe has labored indefatigably to secure the few privileges that poor idiots enjoy in the old Bay State. If he would make one more effort, he might accomplish his purpose and secure the erection of a structure as good, if not as large, as the one in the city of Syracuse.

Anatomical Plates.—A series, in quarto, with references, and physiological comments, illustrating the structure of the different parts of the human body, by Jones Quain, M.D., and W. J. E. Wilson, the third edition, revised by Dr. Joseph Pancoast, Professor of Surgical Anatomy in Jefferson Med. College, came to hand a few days since from the prolific press of S. S. & W. Wood, 261 Pearl St. New York. Each of the above three names is well known to fame. With a power of turning the labors of others to good account, Dr. Pancoast has given a kind of finishing touch to the pictures of two great masters, as an amateur artist would say. To a splendid collection of plates, beautiful and minute, clearly illustrating, in an eminent degree, the intricate mechanical structure of man, much descriptive matter is added. The plates and the text both being excellent, a book of the kind before us is a treasure indeed. In a recent conversation with a Boston publisher, he spoke of the Messrs. Wood as being active in this line of publication. We rejoice at it, and trust both the trade and profession may lend a patronizing hand. We desire to do justice to the merits of this really beautiful and useful quarto, but may perhaps have failed to impress, on other minds, the good to be had from it.

New Orleans Sanitary Committee.—Such has been the dreadful extent of mortality by yellow fever in New Orleans, from one eventful period to another, that people have begun to doubt, exceedingly, what has been declared abroad, respecting it, viz., that it is one of the most healthful cities in the country. Yet fully believing there were local causes operating to increase the mortality from yellow fever, a sanitary committee was raised to investigate and report upon the facts that might be developed. At the head of this learned body stood our kind friend, Edward H. Barton, M.D.,

a man of comprehensive views, staunch and bold in his explanations, who, with others, equally devoted to the investigation, set themselves laboriously at work. The results of their conjoint efforts are discoverable in a beautiful volume, just received, containing a vast amount of circumstantial evidence, in the form of cases, facts and historical memoranda, nowhere else to be found, at home or abroad. Thus much for a preface; and perhaps hereafter we shall resume the further consideration of the important subject treated of in the book.

Students attending Medical Lectures in Philadelphia.—Philadelphia may justly be termed the medical centre of the United States, so far, at least, as the great number of medical students which annually assemble there, can entitle her to that honor. The catalogues of the present term, in the several schools, exhibit the following totals—University of Pennsylvania, 350—Jefferson College, 500—Pennsylvania College, 120—Philadelphia Medical College, 100—Homœopathic Medical College, 80—Female Medical College, 50. These constitute an aggregate of twelve hundred students. In the language of an eminent Medical Professor, we may well exclaim, "the Lord only knows what will become of them."

Alleged Mail Robbery by a Physician.—Dr. Oliver B. Howe, Post Master at Shelburne, N. H., with his wife, were arrested last week by a U. S. Deputy Marshal, and taken to Concord, charged with purloining money from letters passing through the Post Office. The letters alleged to have been opened, were decoy letters, put into the mail by an agent of the Post Office department for the purpose of detecting the suspected culprits. Dr. H. is about 60 years of age, a practising physician, and is said to be in easy circumstances, and has been regarded as a man of the strictest integrity. He was held to bail in the sum of $3000. We hope he will be able to prove his innocence.

Applications for appointment as Surgeon at the Hospital.—It is currently reported that the applications for the post made vacant, by the death of Dr. Parkman, in the surgical staff of the Massachusetts General Hospital, are very numerous, and that Young Physic has entered as competitor for the prize. It is true, there is no pay connected with the office, but the advantage in the way of reputation and *practice*, which it gives to an individual, is of itself of the greatest consequence. We presume that three fourths of the surgery practice in this city and state, and we might say in all New England, is done by the Hospital Surgeons; for the people naturally believe that they are better qualified than others, from the fact of their position in a large hospital. There are many who practise surgery for the peculiar fancy they have for operating; while others, who are good anatomists, skilful operators, and possessed of excellent judgment, would like to have a chance to practise it, for the sake of its emoluments. Now in order to have the fair thing done by all who may apply for the situation of surgeon, or even physician, of this or the other Hospitals of our city, we would suggest that the election be based *entirely* upon qualification. No matter whether the applicant be a very young graduate, or a practitioner of many years standing. It is too apt to be the case in this country, that science alone is powerless. For an individual who is backed by money and influential friends, will often obtain that which an unobtrusive, yet really scientific and

deserving one, cannot hope for. Now it is for this, and other reasons, that we hope the trustees of the Hospital will have the good sense to advertise the vacancy, and let it be fairly open for competition. We have no doubt such a course would give general satisfaction.

Twins—Arrest of Development in one Fœtus.—Dr. Cox exhibited at the Ward's Island Hospital, a very interesting preparation to the visiting pupils, illustrating the arrest of development in one fœtus in a case of twins. There was one placenta and two sets of membranes. The woman aborted at eight months; one child had attained the usual size and appearance of development at that age; the other seemed as if this process had been cut short at about five weeks. This phenomenon appeared to, and doubtlessly did, depend upon the tight wrapping of the umbilical cord around the neck, and the pressure exerted upon it by mal-position of the head and trunk. One curious feature in the case was the appearance presented by the half of the placenta to which this undeveloped fœtus was attached; it presented a shrivelled and hardened appearance, similar to that seen in the fœtus, as if both had been macerated in spirit. At first sight this might have been taken for a case of superfœtation, but the existence of a solitary placenta would preclude this idea.

Dr. Cox also exhibited the larynx and trachea of a child a few weeks old, exhibiting the membranous exudation in acute laryngo-tracheitis.—*American Medical Monthly.*

Cutaneous Anæsthesia in Lunatics.—A lunatic received a severe injury of the great toe by the fall of a heavy piece of wood, so that the nail was torn away. Dr. Snell on examining the patient, remarked that he seemed scarcely to feel this injury, ordinarily so very painful. On examining the case more minutely, he found that this lunatic had completely lost cutaneous sensibility. This circumstance led him to examine all the lunatics in his establishment, and he found that out of 180 insane persons (100 males and 80 females), 18 (17 males and 1 female) had complete anæsthesia of the skin; and that in 6 others, who were males, the sensibility to pain was very much decreased.—*Zeitschrift fur Psychiatrie, in Monthly Journal of Medical Science.*

Thorough Medical Education.—The New York correspondent of the Richmond (Va.) Stethoscope, writes as follows respecting the importance of a more extended system of medical education than has yet been attempted in this country.

"The schools are too short sighted to see their own true interests and the signs of the times. All these *little* reforms, which have been attempted, and from which some have receded, do not meet the wants of students themselves. There is a sufficient number of young men desirous of acquiring a thorough knowledge of medicine, and willing to make any sacrifice of time and money to acquire it. There is a sufficient number of such students, I am sure, to support at least one school well. Which city shall have the credit of establishing it? Shall it be Boston, New York, Philadelphia or Baltimore? I wish I could add Richmond to this list; but I believe recent events have rendered all expectations of such a character utterly vain. What city of the Union shall have the honor of establishing a medical university, with a sufficiently large corps of professors (a dozen if ne-

cessary) to teach every branch thoroughly, with a course extending through nine or ten months of the year, and requiring four or five years of instruction, including a thorough course of clinical medicine and surgery? Such a school would receive the patronage of a large number of young men honestly desirous of acquiring a thorough medical education before undertaking the serious responsibility of having committed to them the life and health of their fellow beings. It would be sustained by the medical profession of the whole Union, and its diplomas would be eagerly sought for as a passport to the confidence of the community where its graduates might commence their career."

Death of Dr. Golding Bird.—On the evening of Friday, the 27th of October, this excellent and accomplished physician breathed his last. For some months past his failing health had obliged him to relinquish all professional exertion; and in June last he finally left London to seek repose, though not health, at Tunbridge Wells. Although he had long suffered from affection of the heart, the immediate cause of death was connected with kidney disease, and thus he fell a victim to a malady, to the elucidation of which the greater portion of his professional life had been devoted, and in the diagnosis and treatment of which he had been one of the greatest authorities.—*London Lancet.*

Viviparous Fish.—Dr. Bennet Dowler has recently discovered in the vicinity of New Orleans a small osseous fish, which proves to be viviparous, having no less than twenty-two well-formed young in its body at the time of examination. Dr. D., however, yields the priority of description of viviparous fish to Dr. Gibbons, who found them in California.—*Southern Medical and Surgical Journal.*

Medical Miscellany.—There are about 300 students in the medical department of the University of Nashville (Tenn.), instead of 241, as formerly announced.—The Genesee Farmer, published at Rochester, N. Y.—a valuable, scientific agricultural paper—has just commenced its 16th volume.—The whole family of a physician in New York city, together with their invited guests, were recently thrown into the greatest state of excitement at the tea-table in consequence of one after another of them being taken with nausea and vomiting. It appears that the cook, instead of cream of tartar to make bread with, had made use of tartar emetic from the doctor's office.—A physician writes to the editor of the Louisville Courier, that a few days ago a young lady, of Oldham Co., in her ordinary health—perfectly well, the family say—rode two miles to a physician and had a tooth extracted. Almost immediately a paralysis on one side of the body occurred, then stupor, and death followed in a few hours. She had not inhaled chloroform or anything of the kind.

Deaths in Boston for the week ending Saturday noon, Dec. 30th, 60. Males, 28—females, 32. Congestion of the brain, 3—disease of the brain, 1—consumption, 8—convulsions, 2—croup, 2—dysentery, 1—dropsy, 1—dropsy in the head, 2—drowned, 1—debility, 1—infantile diseases, 3—fever, 1—typhus fever, 4—scarlet fever, 3—hemorrhage, 2—hooping cough, 1—disease of the heart, 2—homicide, 1—intemperance, 1—inflammation of the lungs, 8—marasmus, 2—smallpox, 6—teething, 2—tumor, 1—unknown, 1.

Under 5 years, 32—between 5 and 20 years, 2—between 20 and 40 years, 16—between 40 and 60 years, 8—above 60 years, 2. Born in the United States, 39—British Provinces, 2—Ireland, 14—England, 2—Germany, 3.

The Clamp Suture in Cleft Palate.—We recently witnessed an operation for this affection by Dr. J. Marion Sims, of this city, in which he used this peculiar method of suture. The case was a bad one; articulation very indistinct, and deglutition of fluids frequently attended by regurgitation through the nostrils. The clamp suture, composed of very fine silver wire, fastened to small leaden cross-bars, will remain innocuously in the tissues for an almost indefinite period, which constitutes its great superiority over any other suture. In this case the clamps were removed on the sixth day —the cure was perfect.

This is not, by any means, the first case of the sort in which Dr. Sims has applied this suture with success; and it is our opinion that the operation of staphyloraphy, by this method, will never fail, if properly performed.

It is well known that difficult and tedious labor sometimes results in the most deplorable injuries to the mother; such as laceration of the perineum, bladder, or bowel, and that these affections were wholly incurable till the introduction of the clamp suture by Dr. Sims. It is no wonder, then, that the profession, both in Europe and America, unite in according to him the highest praise for this great boon to science and to suffering humanity. And now, since he has demonstrated the easy curability of cleft palate by the same means, we cannot but hail it with delight as another triumph of American Surgery.—*American Med. Monthly.*

G. Meissner on Confervoid Growths under the Nails.—It has long been known that the external skin, like the mucous membranes of the digestive and respiratory passages, may be the seat of vegetable growths analogous to confervæ, or to elementary excrescences. G. Meissner, a student of medicine at Göttingen, has recently described a formation of this sort which occurred below the nails of a man aged 80. The nails of this man were much curved: they were a line in thickness, and were of a yellowish color, here and there approaching to brown. The nail of the forefinger of the right hand was the only one which was normal. When sections of the nails, treated with caustic potash, were placed under the microscope, Meissner observed a rich network of confervoid filaments lying among the cellules of which the substance of the nail was composed. The growth resembled that of porrigo lupinosa, or of pityriasis versicolor The filaments measured from $\frac{1}{700}$ to $\frac{1}{500}$ and sometimes only $\frac{1}{1000}$ of a line in breadth. In the midst of these filaments, which articulated and ramified together, composed the mycelium, the author found sporangia, in the form of larger filaments, swollen and club-shaped; and among these sporangia were scattered a multitude of greenish granules which represented the spores. Hence this parasitic growth was in some measure incorporated with the nail, and vegetated in its interior.—*Archiv. für Physiol. Heilkunde*, 1854.

Medical Scepticism.—There is a period of life when most men call in question the powers of physic. This scepticism extends from Napoleon to the merest boor. It occurs when the mind is in its highest vigor; at a period when nothing is acceptable but *facts;* no theories listened to but the geometrical; all things doubted which admit not of direct proof. It is the age when men doubt the liquefaction of the blood of St Januarius, but not the reign of Napoleon Buonaparte. The period I speak of ranges from thirty to fifty.—*Dr. Robert Knox.*